

**Jim Doyle**  
Governor

**Roberta Gassman**  
Secretary

**Frances Huntley-Cooper**  
Division Administrator



**State of Wisconsin**  
**Department of Workforce Development**

**WORKER'S COMPENSATION**

201 East Washington Avenue  
P.O. Box 7901  
Madison, WI 53707-7901  
Telephone: (608) 266-1340  
Imaging Server Fax: (608) 260-2503  
Fax: (608) 267-0394  
<http://www.dwd.state.wi.us/wc/>  
e-mail: [dwddwc@dwd.state.wi.us](mailto:dwddwc@dwd.state.wi.us)

September 11, 2003

CLAIMANT  
666 WC WAY  
MADISON WI 53707

WC CLAIM NO: 9999-999999  
INJURY DATE: 05/01/98  
EMPLOYEE: NAME, CLAIMANT  
EMPLOYER: SAMPLE EMPLOYER INC  
INSURER NO: 094CBD6S8646

IF YOU CALL OR WRITE US  
PLEASE USE WC CLAIM NO.

An application for compensation due to a hearing loss has been received. You should obtain a report from a physician qualified to perform an audiometric test. The physician should measure any decibel loss at the four (4) speech frequencies of 500, 1,000, 2,000 and 3,000 for both ears and prepare an audiogram and attach a completed WKC-16-B. Please have your physician answer the questions regarding the cause of any hearing loss.

Forward a copy of the report to this Department and the insurance carrier or self-insured employer.

Sincerely,

Department of Workforce Development  
Worker's Compensation Division

GL70

**Copy sent to:**  
CLAIMANT ATTORNEY  
STREET  
CITY STATE ZIP